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ABSTRACT

Psychologists' roles are changing and expanding in many ways. In the next decade, psychologists will probably continue their involvement away from the clinic and into the community. Deinstitutionalization should create many new opportunities for psychologists, particularly in the areas of community support system coordination and service utilization. As psychologists join existing systems as continuous service providers and work with new client groups in new settings, new forms of training and practice must evolve along with new models of the community psychologists' role. Accommodation and accountability will be major guiding principles of psychologists' work: important theoretical develcpments will also evolve. Politics and economics will grow in importance and theoretical eclecticism will become more prevalent. Intra-psychic and cognitive models of human behavior will be augmented by developments in social psychology, systems theory, and applied behavioral analysis. In general, the new community psychologists will extend their view of individuals to include the multiplicity of stimuli and systems which impinge on them. (Author/NRB)

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A PROSPECTIVE LOOK: COMMUNITY MENTAL HEALTH IN THE 1980'S

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A Prospective Look:
Community Mental Health In The 1980's

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Psychologists' roles are changing in many ways. At Central Westchester, our roles have expanded to fill numerous gaps between systems in the existing framework of help providing organizations. We have worked with a community of church parishioners to extend that community to psychiatric patients; we have joined the staff of a neighborhood health center in order to promote both mental and physical health producing attitudes and behaviors; and we have delivered services to the justice system which have helped change the role of probation and therapy within that system. Another example of this expanded role has been to provide ongoing consultation and clinical services, to a privately operated, non-clinical, community residence program for deinstitutionalized chronic psychiatric patients. Our roles in this program have been to provide staff training and consultation as well as direct clinical services to clients in the form of skills training programs for community living. A fifth example of this trend of expanding roles for psychologists has involved providing program consultation and direct clinical services to a volunteer-run, non-profit, self-help day center for stroke victims. The common denominator in all these programs is that each of the organizations to which our services are offered are administratively, and often financially, independent of our state-run mental health service. The problems inherent in providing services to these independent agencies are, and will continue to be, a challenge to our clinical and community skills for some time to come.

In the coming decade, we expect that psychologists will continue their involvement out of the hospital and clinic and into the community. It is anticipated that the forces of deinstitutionalization will continue to create many new spaces for psychologists, particularly in the areas of community support system coordination and service utilization. While program development from the ground up was the policy of the sixties' Great Society, changing systems through community and family interventions gained popularity during the seventies.

In the eighties we expect this trend toward system involvement and intervention to continue even further. The future will find psychologists melding with and altering already existing public service institutions in their community to an even greater extent. This involvement will necessitate going beyond our earlier role of the social engineer who manipulates a system and then leaves it to function on its own. We will be joining existing systems as continuous service providers, and working with clients never before treated, in settings never before reached by professionals. Services in this venture will require that psychologists move beyond the traditional clinical and community consultations and beyond their classical professional attitudes and skills. New forms of training and practice must necessarily evolve along with new models of the community psychologist's role. Distinctive changes in theoretical orientation and models of intervention can also be anticipated throughout the next decade. With such trends in mind, we believe that two concepts, accommodation and accountability, will be the major guiding principles of psychologists' work during the eighties.

Let us first discuss accommodation. As psychologists begin to to serve new client groups and work in new settings, we will be

required to accommodate to them by adapting our methods of operation and intervention to appeal to the particular consumers and to survive in the novel surroundings. To this end, skills as negotiators, arbitrators, and diplomats will be required to a great degree. Fervent adherence to one psychological school, or at least one school's vocabulary will no longer be adaptive. In order to influence the professions and community groups that we will serve, accommodation in terms of communication style will be of prime importance. In addition to being able to work without relying on our own professional vocabulary, we will also be required to speak a particular group's language, to understand their specific values, and to address their invividual needs. In general, this increased collaboration with the community and increased "hybridization" of mental health services will further necessitate that psychologists mold their knowledge and expertise to accommodate the particular group or program structure.

So, through the process of accommodation, spaces and gaps will be filled as new populations are defined and served. However, there is a danger of fragmentation in this accommodation process if we do not delicately avoid the pressure and inclination to be all things to all people. Although flexibility will always be necessary, we must at all times maintain and project a clear professional identity. The process of accommodation must be moderated with intervention, at least to the extent of altering those components of the system that are dysfunctional, rather than just accommodating them by altering or abandoning our interventions. The new community clinician, as Nesbitt (1977) has stated, should help the community to "mold the environment of its market rather than merely reacting to pressures

from it". The diplomatic use of arbitration, in addition to accommodation and intervention, will allow psychologists to meet their own needs for an organized and effective system of service as opposed to a fragmented and reactive system of delivery that focuses on the client defined needs alone. As psychologists, we should not, and in fact cannot, abandon our standards for ethical, empirically based services and the maintenance of quality as we know and understand it.

Now let me talk about our second guiding principle of the eighties, accountability, which we envision will be both financial and clinical. Since psychologists will be working with new agencies and systems, we can expect the ever-tightening budetary constraints which will affect these agencies during the eighties to affect us as well. Greater financial accountability will necessarily be expected from psychologists in the planning and implementation of economical and effective community programs. The increase of jointly funded programs (e.g. church and state) along with a rise in shared staffing arrangements can be expected to create a "double" accountability for psychologists devehowever these new community based programs. Cost-effectiveness will be a growing concern of funding agencies and the public at large and it can be expected that psychologists will increasingly turn their data collecting skills toward this end.

Hand-in-hand with financial accountability, psychologists will also experience an increased emphasis on clinical accountability. Psychologists will no longer be accountable only to individual clients as is the case in traditional psychotherapy. Whole programs including staff and administration, as well as participants, will be considered "clients", all to whom the psychologist is accountable for the effectiveness

of his or her clinical and consulting services. Additionally, the increased interagency relationships in community mental health will result in the need for clinical accountability not only to the client program, but to other co-delivering agencies as well. The greater visibility afforded psychologists through these new community-based programs will also undoubtably increase the general public's interest and concern with our services and procedures, and accountability to them as well will be expected.

Empirically-based interventions and reliable data collection will become the most important means of both financial and clinical accountability for the new community clinician. In addition, more sophisticated and accurate methods of program evaluation will be necessary in order to ascertain a particular program's cost effectiveness. The procedure of management by goals and objectives (Blake and Mouton, 1969) will gain increasing utilization in the mental health field as a prefered means for maintaining efficiency, effectiveness, and accountability. Finally, increased coordination of service delivery systems will be necessary if accountability is to be maintained and if fragmentation, duplication, and inefficiency are to be averted.

Now let us turn to the theoretical developments, pertinent to psychologists in the eighties. Working in the spaces between systems will require clear-minded conceptual systems for viewing both individuals and organizations. In this view, politics and economics will grow in their importance to psychologists. Theoretical eclecticism will become more prevalent and psychology will continue to expand beyond the theories of past decades which examined individuals without reference to their surroundings. Intra-psychic and cognitive models of human behavior will continue to be augmented by developments in

social psychology, systems theory, and applied behavioral analysis. We can expect that American's traditional preference for environmental theories will continue as these theories are found to be of increasing viability in community-systems work. In general we will continue to extend our view of individuals outward to include the multiplicity of stimuli and systems which impinge on them.

The need to treat new populations in new and more comprehensive ways can be expected to significantly alter the views we hold of ourselves as psychotherapists, consultants, and experts in human behavior. In working with an increasing number of external community and health care systems, psychologists will need to be much more discriminating in their use of direct professional-to-client psychotherapy. Psychologists will most likely begin to think of themselves as systems analyzers and managers and as community mental health engineers as well as psychotherapists. The traditional role of the program consultant will become obsolete as psychologists become dissatisfied with that role's distance from the client systems and its powerlessness over the administration of the program. We can expect to spend some time defining and naming the new roles that we will be performing somewhere in the space between chief program director and outside consultant. Terms like "coordinating psychologist" and "program liaison" will probably be used with increasing frequency to describe the role of the new community clinician.

With mental health moving out into the community to an even greater degree, and with psychology expanding its sphere of interest and overlapping with other disciplines of thought, we are likely to witness a blurring of roles among ourselves, social workers, psychiatrists, rehabilitation therapists, and mental health administrators

during the nineteen eighties. The question may then arise of why one should hire a psychologist, especially if he or she has a Ph.D., and possibly costs more than some other professional. It is our belief that only psychology has viewed the individual from a variety of vantage points; the psychological, the social, the cognitive, the motivational, and the developmental along with both the psychodynamic and behavioral viewpoints. We therefore suggest that psychologists will be best equipped to meet the demands of the upcoming decade. We also believe that psychologists are the best equipped in the area of accountability; they have the skills to collect data and to do meaningful research. Finally, psychologists have the skills to interpret other's data and research and thereby put theory into effecient practice.

We certainly look forward to psychologist's participation in the 1980's mental health developments and to the exciting and challenging role of the new community clinician.

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